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- What You Should Know About SARS
- Navy Researchers Field Test Dental Equipment For Deployment
- NH Guam's Community Service Recognized
- PRT Scores Can Improve Thanks to Fitness Program
- True Brothers in Arms
- Healthwatch: Put Your Foot Down in the Right Shoe

What You Should Know About SARS

By Brian Badura, Bureau of Medicine and Surgery

WASHINGTON - The recent outbreak of severe acute respiratory syndrome, better known as SARS, has raised many questions worldwide. Many public health organizations are now working to find out how to effectively control this mysterious illness.

"The World Health Organization (WHO) and the Centers for Disease Control (CDC) have mounted a massive response to SARS, and they have done so because this virus causes severe illness and has spread from China to a number of countries," according to Capt. Jeff Yund,

Medical Corps, director of preventive medicine and occupational health at the Bureau of Medicine and Surgery.

SARS is a respiratory illness that has been reported in Asia, North America and Europe. The WHO has reported 4288 probable cases worldwide and 251 deaths as of April 23. In the United States, 39 probable cases have been reported, with no deaths.

The illness usually begins with a fever greater than 100.4 degrees Fahrenheit. The fever is sometimes associated with chills or other symptoms, such as headache, general discomfort and body aches. Some people also experience mild respiratory symptoms at the outset. In addition, SARS patients may develop a dry cough two to seven days after the onset of symptoms.

The typical incubation period for SARS is two to seven days, but in some cases can be as long as 10 days. The SARS outbreak is believed to derive from a previously unrecognized coronavirus.

Investigators have determined that the primary means of SARS transmission is through close person-to-person contact. Most cases have involved people who lived with or cared for someone who is infected, or had direct contact with infectious material, such as respiratory secretions. The infectious droplets are usually touched by someone, and then transmitted by touching the eyes, nose or mouth. They can also be

spread when an infected person coughs or sneezes particles into the air.

A few simple steps can help to prevent the spread of respiratory infection, including SARS. "Washing your hands frequently, especially if there are sick people around, is one of the best ways to help prevent transmission," said Yund. "Touching your face less often, covering your mouth when you cough or sneeze, and decreasing unnecessary time spent close to others who are sick can also help."

Currently, tests to indicate whether a person does indeed have SARS are being developed, but are not widely available. If someone shows the symptoms and suspects they may have SARS, they should visit their health care provider for diagnosis and treatment, being sure to disclose travel to outbreak areas and contact with potentially infected individuals.

CDC currently recommends that patients with SARS receive the same treatment that would be used for any patient with serious community-acquired atypical pneumonia of unknown cause. For a person with a suspected case of SARS, isolation, either at home or in the hospital, is used to minimize transmission of the virus to others.

Many military and government organizations, such as U.S. Pacific Command, have restricted personnel visits to geographic areas with reported cases of SARS. The

U.S. State Department has also issued a travel advisory for areas including China, Hong Kong, Singapore and Vietnam.

The Department of Defense (DOD) is currently monitoring for disease trends and potential outbreaks. DOD is also working with the Centers for Disease Control (CDC) and WHO to help control the spread of SARS.

For more information on SARS, visit the CDC Web site at www.cdc.gov/ncidod/sars/ or the WHO Web site at www.who.int/csr/sars/en/.

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Navy Researchers Field Test Dental Equipment For Deployment
By Doris Ryan, Bureau of Medicine and Surgery

GREAT LAKES, Ill. - It's no ordinary dental chair for deployed Marines and there is nothing ordinary about the stool, the hand-held dental x-ray unit, the sink or the myriad of other items used to treat dental casualties on the battlefield. The Marine Expeditionary Force (MEF) Dental Battalion's primary mission is to provide the best dental care with a focus on emergency care in all operational environments. A research team from the Naval Institute for Dental and Biomedical Research (NIDBR), Great Lakes, makes sure the Marines only get the best.

"To provide dental care in the field requires

dental equipment that has been field-tested to ensure it can withstand the challenges of all operational environments, and that is what our team is doing," according to Capt. James Ragain, Dental Corps, the NIDBR commander.

Part of their job is to find equipment that is light, mobile and rugged and similar to equipment found in a dental clinic so no additional training would be required to use the equipment in the field."

Early this year, a 10 member team, including the Navy researchers and their Air Force counterparts from the US Air Force Dental Investigation Service (DIS), began a joint project to test, evaluate and validate new and existing components that make up the field dental operatory or dental treatment room, commonly known to Navy Medicine as Authorized Dental Allowance List (ADAL) 662.

There are three phases to the research plan. Phase one, started in January and completed in March, included reviewing commercially available equipment and determining that it meets the requirements of the Marine Corps, the American Dental Association and the International Standards Organization.

During phase two, currently underway, the new equipment is subjected to weathering in environmental chambers, which cycles the equipment through extreme climate conditions, dust and vibration. Then the

weathered equipment is tested a second time. A new environmental chamber is under construction at NIDBR, and will be operational this summer.

The equipment that survived the weathering technique will then be field tested by dental officers assigned to the Dental Battalions, as well as the research dentists from NIDBR and DIS. According to Ragain, researchers hope to deploy with the Dental Battalions this fall.

Details are being worked out to send the teams into the jungles of Southeast Asia and the Arctic Circle. The equipment will be evaluated and graded by calibrated examiners, as well as the Navy dentists assigned to the Marine Dental Battalions.

In about 12 months, the research team will provide a report to the Dental Officer of the Marine Corps listing the equipment best suited for use in the field and inclusion in ADAL 662.

"All of our research at NIDBR is militarily relevant, scientifically sound, and product oriented," said Ragain. "The ADAL project is a great example of joint military medical research. In this particular project, we have Navy and Air Force researchers working together to deliver a product that will improve the delivery of dental care in the field to Marines by Navy dentists."

NH Guam's Community Service Recognized

By Ens. J.D. Wilkinson, U.S. Naval Hospital, Guam Public
Affairs

GUAM - U.S. Naval Hospital Guam was recently recognized as the winner of the 2002 USS Bainbridge Honorable Mention Award. This award is given annually to a Navy Command to recognize outstanding community service.

Naval Hospital personnel volunteered more than 3,400 hours to the children of Guam, providing health screening and educational lectures, and devoted another 6,100 hours to the Environmental Stewardship, Campaign Drug Free and Project Good Neighbor flagship programs.

"The terrific folks here have an overwhelming desire to help the people around them, which is the true measure of quality," said Capt. Bob Kiser, Medical Corps, commanding officer at U.S. Naval Hospital Guam. "It's the people that make the command terrific. The staff of U.S. Naval Hospital Guam is comprised of the best Sailors. Receipt of such an award demonstrates their outstanding dedication to community service."

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PRT Scores Can Improve Thanks to Fitness Program

By Journalist 1st Class (SW) Terrina Weatherspoon, Naval

Medical Center San Diego Public Affairs

SAN DIEGO - Twice a year, active duty and Reserve military members must take a Physical Readiness Test (PRT). Some will prepare three months out, some will prepare one month out, some will never stop preparing, and some will never start.

Hospital Corpsman 2nd Class (FMF) Rick Jennings, leading petty officer, Health Promotions, Naval Medical Center, San Diego, has seen them all. Jennings knows that even the most prepared person may have problems passing the PRT if all aspects of their lifestyle aren't healthy.

"There is a big difference between health and fitness," said Jennings. "You can be fit and still have a heart attack."

Jennings is a member of the command fitness team and his goal is to take those who cannot pass the PRT, and put them on the Fitness Enhancement Program (FEP). "FEP is for those who fall out of standards for the Navy, whether they cannot pass the PRT or are just overweight," said Jennings. "We combine flexibility, muscular endurance, and cardiovascular exercise into one program."

Sailors at NMC San Diego placed on FEP are required to work out three times a week with a group led by one of the command fitness instructors. "I like the fact

that it is group PT," said Hospital Corpsman 2nd Class Autumn Porter. "It is more motivating to me to work out with others. So far I have lost 10 pounds with this program, and I can run farther and faster than I used to."

Porter is not the only one that has improved her run times. Hospital Corpsman 3rd Class Stephen Lollis has taken more than a minute off his run time and has lost five percent of his body fat since joining the program. "When I first started the program, I didn't like it," said Lollis. "But now I look forward to it."

Participants are given a choice of either swimming or running. Both are acceptable ways to pass the PRT, if done in the time given. Mock PRTs are done intermittently to test the success of the program.

"FEP is for those who either fail or are in danger of failing the PRT," said Jennings. "And I have people come in here every day and tell me that they have not only lost weight on this program, but their self esteem has increased, their stress has decreased, and their health has improved. And that is what it is all about - improving people's health."

Although most may be focused on the immediate satisfaction they get from completing the PRT successfully, or losing those few unwanted pounds, Jennings focuses on the future. "I'm not looking short term," said Jennings. "Of course I want these Sailors

to be able to pass the PRT, but I also want them to be able to function and continue to be active in their later years."

"No one wants to be out of standards," said Hospital Corpsman 1st Class Nelson Figueroa. "But if you are, then this program can really help. I have lost weight, improved my endurance, and become stronger. They push you hard, and I'm glad they do."

"I'm in the prevention business," said Jennings. "I am taking part in improving health and hopefully reducing the risk of a long-term disease. It is my passion and it's what I enjoy. It's all about improving health and fitness and not taking our bodies for granted."

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True Brothers in Arms

By Journalist Chief Al Bloom, Fleet Hospital 3 Public Affairs

SOUTHERN IRAQ - The term 'a brother in arms' is one of endearment shared by those who have endured and truly understand the demands of conflict. To most, it signifies the closeness only achieved under fire. But for two young men serving in the U.S. Navy in support of Operation Iraqi Freedom, it signifies a way of life.

"We've pretty much done everything together or at

least shared most of the same goals," said Hospital Corpsman 1st Class (FMF) Roseller Flores, who is currently assigned in support of Charlie Surgical Company, Force Service Support Group, 1st Marine Expeditionary Force and operating in Southern Iraq. "About the only thing we've done different is marry different wives."

Flores is describing his life-long relationship with his own brother in arms. Separated by a mere 8 minutes at birth, Flores' brother in arms is his twin, Hospital Corpsman 1st Class (Fleet Marine Force) Alexis Flores, of Fleet Hospital Operations and Training Center, Camp Pendleton, Calif., and currently assigned in Southern Iraq in support of Fleet Hospital 3, the first Navy Expeditionary Medical Facility ever constructed in a war zone.

After spending only a few moments with the Flores brothers, it's evident that the relationship of these true brothers in arms is clearly more profound than the unique closeness usually associated with being twins.

"We have the typical stories of helping each other against bullies at school," said Roseller.

"But when it came time to join the Navy, we decided we wanted to do it together," said Alexis, finishing his brother's thought.

"We've always wanted to do whatever we do together," continued Roseller in rapid fire. "We wanted

to join the Navy, because as immigrants, we felt safer here in the States."

"So we wanted to join the service to have a sense of mission," finished Alexis.

Doing everything together can be a challenge when it comes to meeting the needs of the Navy, but somehow, from Navy Corpsman School and Fleet Marine Force School to the 1st Battalion, 5th Marines and several varied assignments on Camp Pendleton, Calif., these brothers in arms have been able to stay together throughout the vast majority of their career.

Born in Cavite City, Republic of the Philippines, virtually the entire Flores family has made the U.S. military a way of life.

"We have another brother who retired as a supply officer in the Navy," said Alexis. "Plus, our sister is married to a master chief in the Navy."

"In fact, our grandfather was a U.S. Army scout back in the Philippines," added Roseller.

While the Flores family is probably more aware than most of the dangers of a life of service, being assigned in Iraq is still a concern.

"Our families are very concerned," admitted Roseller.

"Especially, our mother," added Alexis.

"We all know this is a part of what we do," started Roseller.

"So we tried to reassure her that we're professionals," continued Alexis.

"And that it comes with the job," said Roseller.

Actually, this is not the first time the Flores family has had to grapple with the uncertainties of war. It was during their assignment in support of the 1st Battalion, 5th Marines that the brothers found themselves in a similar position. Both were assigned to a unit that would require them to move to the front lines against Iraqi forces, only this time, it was during Operation Desert Storm.

"We were ready to go," said Roseller, "but, they told us that one of us would have to go back."

"So we flipped a coin," explained Alexis. "I won, and he went back."

A coin flip won't be necessary this time. Once the construction of Fleet Hospital 3 is completed, Alexis will be returning to friends and family in the States. Clearly however, a big part of him will remain in Iraq.

"It's very overwhelming," said Alexis after a short, orchestrated surprise visit with his brother in Camp Guadalcanal, Kuwait, just hours before Roseller's unit advanced into Iraq. "I'm concerned for him. He gave me a piece of his hair to keep in my Bible. I told him today that I will pray for him, and no matter what happens, our souls will always be together."

With that, Alexis took a deep breath, looked down

and contemplated his brother's fate. After all, it's what you do when you have a true brother in arms.

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Healthwatch: Put Your Foot Down in the Right Shoe

By Operations Specialist 2nd Class Wendy Kahn, National
Naval Medical Center Public Affairs

BETHESDA, Md. - According to statistics, about 75 percent of Americans will experience foot problems at some point during their life.

Problems such as bunions, neuroma (pinched nerve) and improper foot hygiene cause foot pain, which can limit freedom and mobility in walking or any sports activity. The month of April has been dedicated to Foot Health Awareness to educate the public that foot pain is not normal.

The discipline of podiatry involves the medical and surgical treatment of all foot and ankle disorders. At many military treatment facilities, the podiatry department offers a full scope of treatment, from conservative care to invasive care.

"Conservative care is given for mild strains and sprains without the need for surgical intervention," says Lt. Cmdr. Alberto Rullan, Medical Service Corps, podiatry specialty leader at the Bureau of Medicine and Surgery. "Treatment for a serious injury usually

involves immobilization in a cast or splint until the service member can return to full duty or as close to full duty."

With mild sprains, patients are treated with RICE (rest, ice, compression and elevation). In both cases, they refrain from any activity until healed.

For some patients who have more severe foot and ankle problems, surgery or invasive care may be the only choice of treatment. Surgical treatment usually involves bunion deformities, torn ligaments and stress fractures. In the case of stress fractures, a screw, plate, or a combination of surgical hardware is inserted into the foot to repair the injury.

The old adage, "the right tool for the right job" is true for achieving optimal performance and minimizing injury. While Rullan does not promote any particular brand of shoes, he does suggest some guidelines for buying shoes.

The type of terrain and activity an individual chooses will determine the type of shoe. For the most part, a good running shoe should have a wide-heel base. The wider the heel base, the more stable the heel is when it comes into contact with the ground. Narrow heel-base shoes can cause ankle sprains.

Also, a good running shoe will incorporate a rocker bottom (curved bottom) into the forefoot, so there is less energy expenditure when running. As a result, the

exercise becomes amenable to conservation of energy and reduces wear and tear on the joints, according to Rullan.

With respect to shoe size, it is best to buy shoes at the end of the day. In this regard, one can fit the shoe to the foot size because the feet are maximally swollen, which avoids the purchase of an ill-fitting shoe.

Rullan says he discards the myth, "Give yourself time to break in the shoe." In the case of diabetic people, for example, the process of breaking in a shoe will bring more serious problems, such as injuries from shoes digging into their feet. Infection then sets into the foot because of breaks in the skin, which will cause circulation problems. Rullan emphasizes that the ideal situation is to buy a shoe that fits right from the very beginning.

The following tips are guidance to reduce the risk of foot and ankle injury:

- Make slow increments when running and gradually build up to longer distances if body is not accustomed to running.
- Stretch before and after activity to loosen muscles and tendons.
- Know terrain.
- Listen to your body. Don't stick to the "no pain, no gain" phrase when not comfortable with activity. Once

body has reached its physiologic limit, stay at that limit.

- Have proper shoe gear for running.
- Supplement exercise routine with other activities such as swimming, weight training, cycling and other cardiovascular activities that will minimize joint injury.

No matter what the sport, it's always a challenge in fitting the right shoe to the foot. The style of shoe, where they are made and the type of shoe gear bought all influence the size. So, let your fingers do the walking, but let your feet do the running in the right pair of shoes.

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Got news? If you'd like to submit an article or have an idea for one, please contact MEDNEWS at 202-762-3221, fax 202-762-1705 or btbadura@us.med.navy.mil.